Gonorrhea (GC) and Verified GC Contacts Treatment

Standing Order Template

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY
Use the approved language in this standing order to create a customized standing order exclusively for your agency.
Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.
Standing order must include the effective start date and the expiration date.

Background

General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients and verified contacts to a STI receive a physical examination and appropriate STI testing.

Assessment

Subjective Findings*****

Clients may present with the following history:

- genital discharge with or without dysuria
- female genital itching or dyspareunia
- male intrameatal itching
- asymptomatic with exposure at one or more sites (most commonly seen with female urogenital infections, and rectal and pharyngeal infections for both males and females)

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Objective Findings

Clinical documentation of at least one of the four criteria listed below:

1. Gram-negative intracellular diplococci (GNID) on a urethral smear obtained from a male
2. *N. gonorrhoeae* positively identified by Nucleic Acid Amplification Test (NAAT) from the urine, vaginal, urethral, pharyngeal or rectal site of a male or female
3. *N. gonorrhoeae* presumptively identified by isolation of typical gram-negative, oxidase positive diplococci by culture from a vaginal, cervical or urethral culture
4. *N. gonorrhoeae* growth confirmed by the North Carolina State Lab of Public Health (NCSLPH), qualified local lab staff or a CLIA approved reference lab, as identified in local policy, from any urogenital or extragenital site

Verified Partner Criteria

The STD ERRN or RN must assess for recent (within 60 days) exposure to Gonorrhea, or if no reported partners within the preceding 60 days, partner(s) of last sexual encounter to Gonorrhea. At least one of the three findings below must be documented and verified before implementing treatment for an asymptomatic contact:

1. client presents a state or county issued partner referral card
2. client provides name of sexual partner(s) and public health nurse confidentially verifies diagnosis of named sexual partner by NC Electronic Disease Surveillance System (NC EDSS), county health department electronic medical record, or by calling the medical provider of named partner (index case)
3. a medical provider or Disease Intervention Specialist (DIS) refers client

Plan of Care

Precautions and Contraindications

Before implementing this Standing Order:

1. Review "Criteria for Notifying the Medical Provider" under Nursing Actions Part F. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.

2. If client reports a drug allergy for the medication provided in the standing order, inquire about and document the type of reaction(s) the client has experienced before consulting with medical provider.

Implementation

A registered nurse employed or contracted by the local health department shall administer or dispense treatment for GC by standing order for verified contacts or when adequate objective findings listed above are documented in the medical record.

When Chlamydia has been ruled out:

1. In persons weighing >45 kg (100 lbs) and <150 kg (300 lbs) administer **Ceftriaxone** 500 mg IM as a single dose.
2. In persons weighing ≥150 kg (300 lbs) administer **Ceftriaxone** 1gram IM as a single dose.

When Chlamydia has NOT been ruled out:

3. For non-pregnant clients when chlamydia has not been ruled out in persons weighing >45 kg and <150 kg, administer **Ceftriaxone** 500 mg IM as a single dose AND dispense **doxycycline** 100 mg orally twice daily for 7 days.
4. For non-pregnant clients when chlamydia has not been ruled out in persons weighing ≥150 kg, administer **Ceftriaxone** 1 gram IM as a single dose AND dispense **doxycycline** 100 mg orally twice daily for 7 days.

When Chlamydia has NOT been ruled out and client is pregnant:

5. For treatment of pregnant clients weighing >45 kg and <150 kg when chlamydia has not been ruled out, administer **Ceftriaxone** 500 mg IM in a single dose AND **azithromycin** 1 gram orally in a single dose.
6. For treatment of pregnant clients weighing ≥150 kg when chlamydia has not been ruled out, administer **Ceftriaxone** 1gram IM in a single dose AND **azithromycin** 1 gram orally in a single dose.

Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum if ceftriaxone is not available: (check qualifiers for each regimen closely!)**

1. For nonpregnant clients administer Gentamicin 240 mg IM as a single dose plus azithromycin 2 g orally as a single dose
   OR
2. For clients when chlamydial infection HAS been excluded, administer Cefixime 800 mg orally as a single dose
3. For nonpregnant clients when chlamydial infection has not been ruled out, administer Cefixime 800 mg orally as a single dose AND dispense doxycycline 100 mg orally twice daily for 7 days.
4. For pregnant clients when chlamydial infection has not been ruled out, administer Cefixime 800 mg orally as a single dose AND azithromycin 1 gram orally in a single dose.

**No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended. For more information, see the current STI Treatment Guidelines. For persons with an anaphylactic or other severe reaction (e.g., Stevens-Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment.

Nursing Actions

A. Provide:
   1. information about the diagnosis, both verbally and in written form.
   2. review the ordered laboratory tests and instructions for obtaining laboratory test results.
   3. client-centered STI education, both verbally and in written form.
   4. condoms and literature about risk reduction behavior.
   5. education about the relationship between the presence of one STI and increased risk of HIV acquisition
B. Advise the client to:

1. abstain from sexual intercourse with any new or unexposed partners until completion of the 7 day medication regimen (or until 7 days after the completion of a single dose regimen)
2. abstain from sexual intercourse with current and/or exposed partners until both the client and partner(s) have completed the 7 day medication regimen (or until 7 days after the completion of a single dose regimen)
3. consistently and correctly use disease prevention barrier methods (e.g. condoms, dental dams).
4. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection using a partner notification card or by sending an anonymous notification using NCSD website: TellYourPartner.org |NCSD (ncsddc.org)
5. use back-up contraception during treatment regimen and for seven days after completion of regimen for female clients who take oral contraceptives
6. clean and disinfect diaphragm after use per manufacturer instructions or agency protocol, if this is the client's method of birth control
7. clean and cover sex toys after use, if applicable, per manufacturer instructions or agency protocol
8. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months)

C. Counsel the client about the medication(s) administered, dispensed, or prescribed:
1. if single dose oral medication is vomited within 2 hours after taking or it has been longer than 2 hours and the medication is seen in the vomitus, instruct client to contact agency to report this so provider can assess need for and arrange for retreatment, if necessary
2. advise client that (s)he may experience side effects such as nausea, vomiting, cramps, diarrhea, headache, or pain at the injection site
3. advise female client not to become pregnant while on Doxycycline
4. reinforce counseling by providing client with the appropriate medication teaching sheet(s)

E. Additional Instructions
1. contact LHD for further instructions if symptoms persist, worsen, or re-appear within two weeks after treatment
2. contact LHD immediately if client develops oral temperature ≥ 101° F.
3. seek urgent or emergency care if abdominal pain develops
4. seek urgent or emergency care if testicular pain develops

F. Criteria for Notifying the Medical Provider
1. consult the medical provider if there is any question about whether to carry out treatment or other provision of the standing order
2. if the client weighs less than 45 kg, consult medical provider for appropriate treatment dosage.
3. DO NOT ADMINISTER TREATMENT and consult the medical provider if any of the following conditions are present:
   - acute abdominal pain or rebound tenderness on exam
   - adnexal tenderness on exam
   - cervical motion tenderness on exam
   - sustained cervical bleeding on exam
   - ANY reported vaginal spotting/bleeding by a pregnant client
   - oral temperature ≥ 101° F measured on exam
   - client has an IUD
   - scrotal pain or swelling
   - if the client has a history of anaphylaxis, Stevens-Johnson syndrome, or toxic epidermal necrolysis when given a penicillin and/or cephalosporin medication.
   - client is seeking service when they have persistence or recurrence of symptoms after initial treatment is completed and without re-exposure
   - client is seeking service because of a repeated positive culture or positive NAAT at least two weeks after initial treatment is completed and without re-exposure. In this circumstance, also contact the Epi-on-call with the Communicable Disease Branch to discuss possible testing for drug resistance after consulting with a Branch physician

G. Follow-up requirements:
1. Return to clinic 14 days after treatment completion for test of cure (TOC) if gonococcal infection was of the pharynx, regardless of treatment regimen used.

2. Clients treated for a positive Gonorrhea test should be rescreened upon any encounter greater than 3 months to 12 months after treatment.
3. Assure disease reporting occurs via the NC EDSS with entry of lab test results and treatment information within 30 days.
4. Document the rationale in NC EDSS if the treatment given is not first-line or one of the alternative regimens recommended in the most current CDC STD treatment guidelines.
5. Retreat all contacts if index case is determined to be a treatment failure by the medical provider. Consult the medical provider for individual orders for retreatment.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____ Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)